



CLIENT STATUS CHANGE REPORT

2. ASSESSMENT ENTITY (INCLUDING COUNTY)		3. <input type="checkbox"/> Initial <input type="checkbox"/> Update	1. CSO NAME												
			4. DATE FORM COMPLETED												
A. IDENTIFYING INFORMATION															
1. CLIENT NAME (LAST, FIRST, MI)		2. DATE OF BIRTH	3. SOCIAL SECURITY NUMBER												
4. ACES CLIENT NUMBER	5. CSO APPLICATION DATE	6. TREATMENT PRIORITY	7. ASSESSMENT DATE												
B. ASSISTANCE PROGRAM TYPE: <input type="checkbox"/> PRIMARY ADATSA <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> GAU <input type="checkbox"/> OTHER: _____															
1. BEGINNING DATE		2. ENDING DATE	3. MODALITY												
4. AGENCY NAME		MAILING ADDRESS	CITY ZIP CODE												
5. COMMENTS															
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C. ASSESSMENT CENTER CLOSING FILE															
1. CLOSURE DATE	2. CLOSURE REASON (CHECK ONE BOX ONLY)														
	<table border="0"><tr><td><input type="checkbox"/> Client died</td><td><input type="checkbox"/> Incarcerated</td><td><input type="checkbox"/> Rules violation/non-compliance</td></tr><tr><td><input type="checkbox"/> Completed treatment</td><td><input type="checkbox"/> Moved</td><td><input type="checkbox"/> Transferred to different facility</td></tr><tr><td><input type="checkbox"/> Funds exhausted</td><td><input type="checkbox"/> No contact/abort</td><td><input type="checkbox"/> Withdrew against program advice</td></tr><tr><td><input type="checkbox"/> Inappropriate admission</td><td><input type="checkbox"/> Not amenable to treatment</td><td><input type="checkbox"/> Withdrew with program advice</td></tr></table>			<input type="checkbox"/> Client died	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Rules violation/non-compliance	<input type="checkbox"/> Completed treatment	<input type="checkbox"/> Moved	<input type="checkbox"/> Transferred to different facility	<input type="checkbox"/> Funds exhausted	<input type="checkbox"/> No contact/abort	<input type="checkbox"/> Withdrew against program advice	<input type="checkbox"/> Inappropriate admission	<input type="checkbox"/> Not amenable to treatment	<input type="checkbox"/> Withdrew with program advice
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D. COMMENTS															
E. ASSESSMENT COUNSELOR															
1. NAME		2. TELEPHONE NUMBER ()													